

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028263

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 394

Primary Registration District No.

Registrar's No. 147

FILED JUL 16 1962

1. PLACE OF DEATH  
a. COUNTY Reynoldsb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN RedfordLength of stay in lb  
8 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Own HomeInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY Reynolds

c. CITY OR TOWN Redford

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Arthur Thomas Jeffery4. DATE OF DEATH  
Month Day Year  
7-9-62

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-5-1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cabinet Maker - Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Bathesville, Okla

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Spencer Jeffery

13b. MOTHER'S MAIDEN NAME

Sally Atwell

14. NAME OF HUSBAND OR WIFE

ORA JEFFERY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

YES 1905

16. SOCIAL SECURITY NO.

17. INFORMANT

ORA JEFFERY, Redford Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Hydrostatic Pneumonia

Myocardial Degeneration 2 yrs

INTERVAL BETWEEN ONSET AND DEATH

2-3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to July 9 and last saw her alive on July 9/62  
Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Kenneth Carter

(Degree or title)

M.D.

22b. ADDRESS

Ellington Mo

22c. DATE SIGNED

7/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-11-62

23c. NAME OF CEMETERY OR CREMATORY

Valhalla

23d. LOCATION (City, town, or county)

St. Louis Mo

(State)

24. FUNERAL DIRECTOR

Rev. F. F. Funnell

ADDRESS

Ellington, Mo

25. DATE RECD. BY LOCAL REG.

July 13, 1962

26. REGISTRAR'S SIGNATURE

Elma J. J. J.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION.

JUL 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chris L. Pruitt

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Mr. Bernice O. Starnick  
(J. May)